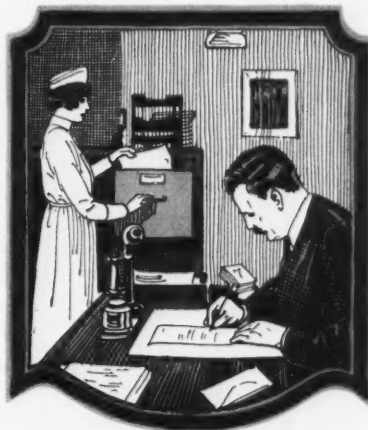


FEB 1, 1928

THE Canadian Hospital

A Monthly Journal for Hospital Executives




Toronto, Can.

The Edwards Publishing Company

February, 1928

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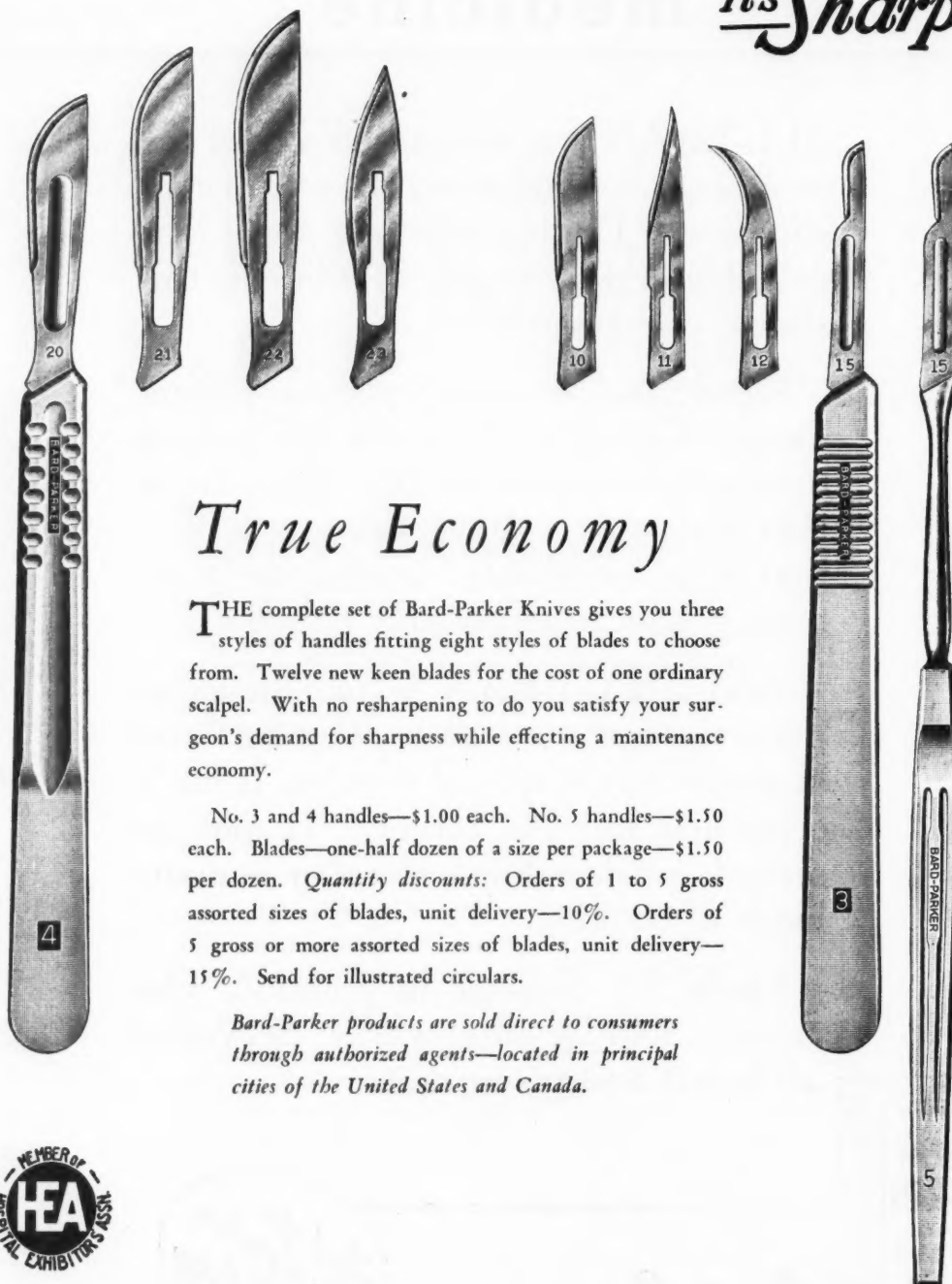
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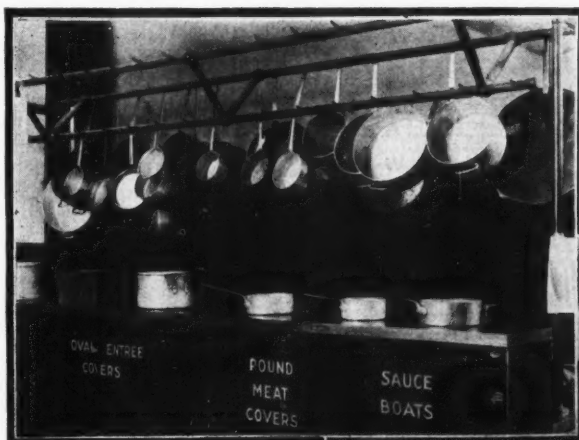
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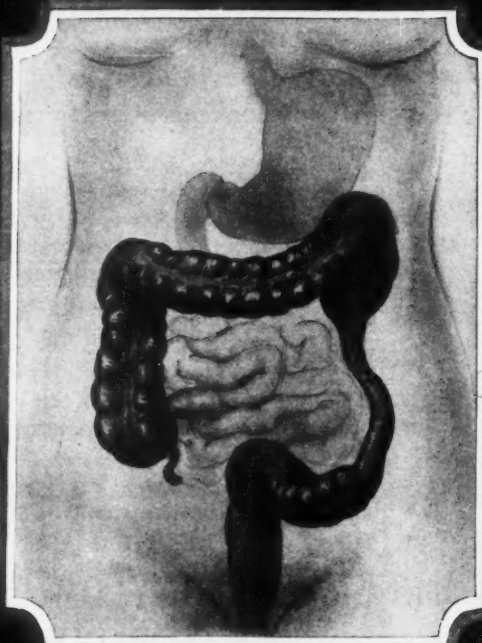
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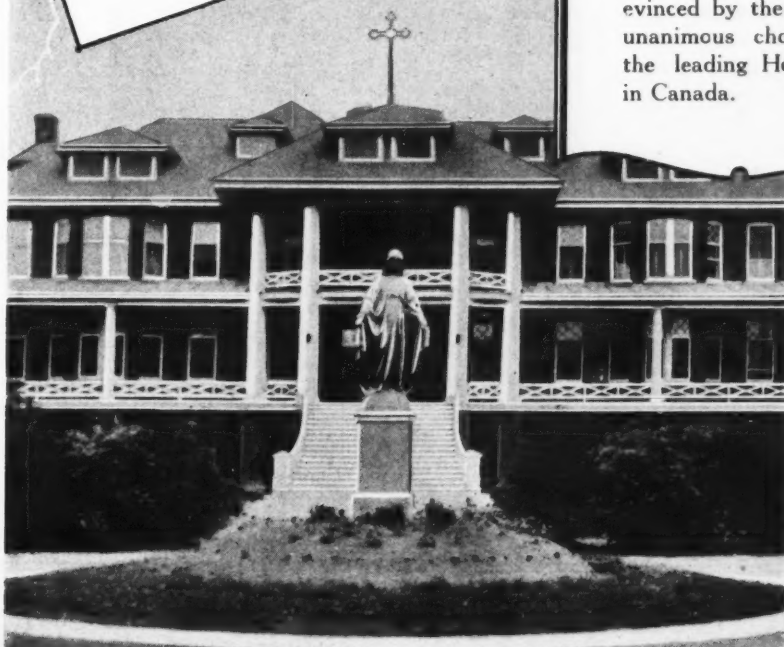
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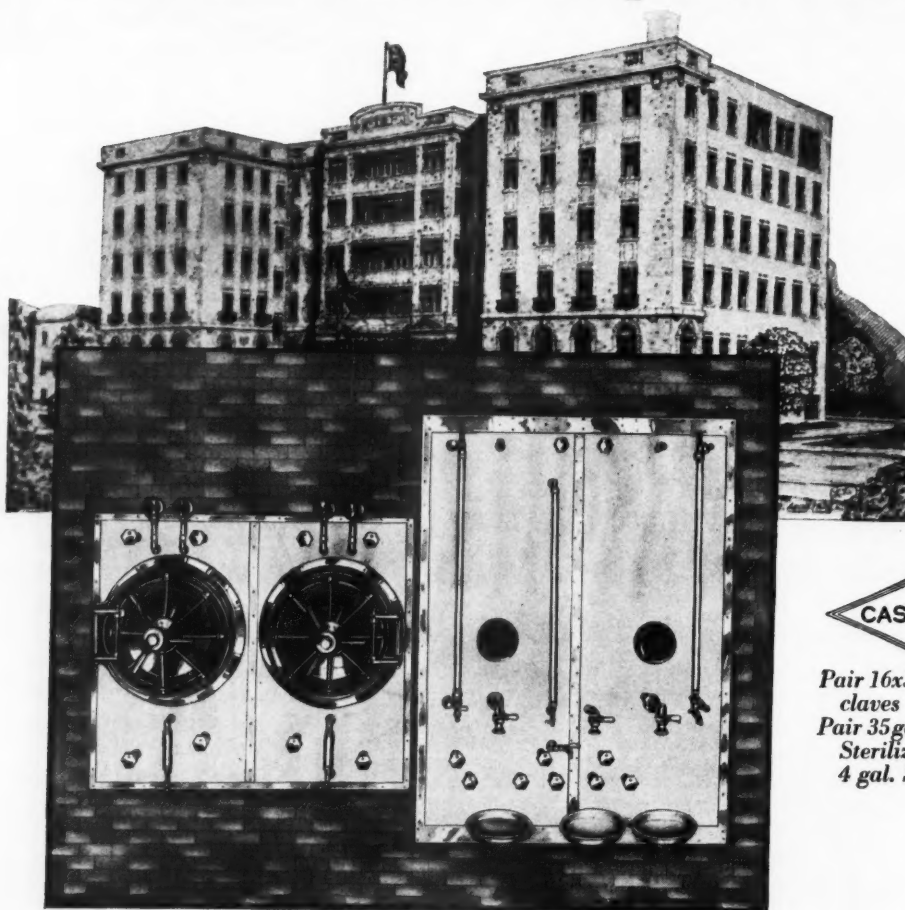


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Vol. 6

FEBRUARY, 1928

No. 2

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New Department of Hospital Service

An event of far-reaching importance to the hospital world has been announced quite recently in the daily press. Members of the Ontario Hospital Association will recall that at the last convention, a resolution was passed endorsing the proposed organization of a Department of Hospital Service by the Canadian Medical Association. Thanks to the munificent gift of the Sun Life Assurance Company, it has now become possible to appoint a full time secretary to conduct this valuable work.

We understand that the secretary of this department is devoting his whole time to the study of hospital problems such as the choice of new equipment, the purchase of supplies, methods of organization, planning extensions, the relations of the hospitals to the community and to each other, etc. It is hoped

that in the next year or two every hospital in Canada will have been personally visited, especially the smaller and more isolated ones which have no large hospitals nearby nor local hospital association to which to appeal for advice.

The secretary of this new department, Dr. G. Harvey Agnew, of Toronto, is a man who will undoubtedly prove to be a happy choice for this work. Until his acceptance of the new appointment, Dr. Agnew was in active practice in Toronto, specializing in internal medicine, and recognized as one of the most brilliant of the younger men in this field of medicine. He was assistant physician to the Toronto Western Hospital, clinician in medicine, the University of Toronto, and held office in the Academy of Medicine. He has had considerable and varied experience in hospitals, both in Canada and in Europe, and brings to his new work, outstanding ability and marked keenness.

We congratulate the Canadian Medical Association on this unique and very valuable undertaking. It has been strongly emphasized that this is a purely altruistic endeavour to aid the many hospitals which have so freely served the public, that the services of the department will be rendered gratis, that there will be positively no effort to control and that the work will be carried on either through, or in closest co-operation with, existing hospital associations.

Dr. C. J. O. Hastings Is Honoured

A unique public health movement is on foot in Toronto. Starting spontaneously at a gathering in Hygeia House, it originated as an effort on the part of private citizens to honour Toronto's veteran medical health officer, Dr. C. J. O. Hastings, by giving to him some concrete token of their gratitude for long years of service.

It was first suggested that a portrait of Dr. Hastings be painted and presented to the city, a proposal which met with the approval of the Mayor and City Council. A committee of outstanding men, both medical and laymen, undertook to take charge of the effort and the raising of the funds to make it possible.

The original suggestion, however, has broadened out until it has more than a merely local significance and has proved a campaign which touches anyone interested in the promotion of public health.

The committee has decided that, in addition to the portrait, several scholarships in public health will be endowed, by public subscription, at the University of Toronto, and that these awards will be named after Toronto's dean of health officers. There will be at least two of them and possibly more.

It was not fully decided whether they will be open to undergraduate medical students, graduates who desire to do further research in public health fields, public health nurses, or to all three. Nor have details of the manner in which the awards are to be made been settled.

The most important feature of the plan, however, is the fact that it indicates, on the part of the average citizen, an ever-growing consciousness of the importance of public health measures.

Representative Deputation Presses Claims at Parliament Buildings

It would be difficult to overestimate the importance of the work of the General Hospitals or the need of assistance to carry on this work. It has always been necessary for charitably inclined citizens to come to the rescue of many of the hospitals to meet deficits. The same principle which recognizes a public obligation to restore, when possible, the health of the patients who are unable to pay, as well as others, imposes on the public the duty of meeting the expense.

During 1926 the hospitals of Ontario received from paying patients \$5,507,000 toward a maintenance expense of \$9,348,000, or a little less than sixty per cent. To help in making up the difference the municipalities contributed \$1,541,000. Government grants aggregated \$743,000, and there was income from investments of \$224,000. There remained more than \$1,300,000 to be found elsewhere, and of this, \$1,281,000 came from donations from private individuals and incidental receipts.

A large deputation representing all the general hospitals in the Province met Hon. Lincoln Goldie, Provincial Secretary, at the Parliament Buildings in January and made a request that the Government should ease the hospitals' burden. This request was not designed to replace the source of revenue from private donations but to add enough to it so as to make it adequate for its many needs.

Ask Substantial Increases

The Government was asked to give hospitals the right to collect from municipalities from which indigent patients come to the hospital, \$2 per day; the right to charge public ward paying patients \$2 a day, and still receive the government grant; the right to extend the present 120-day period during which the government grant is paid, in cases that justify the additional payment; the right to obtain one-half the municipal and government daily grants for the hospital care of babies of indigent mothers who are patients in the hospital; the right to the government daily grant in Workmen's Compensation Board cases even where the Compensation Board pays a larger daily rate than the maximum indigent municipal daily rate; the right to classify as the wards of the province, all patients for whom no municipality can be held responsible, and to obtain payment for them out of the provincial treasury.

The increase of the government daily grant to seventy-five cents a day for the hospital care and treatment of indigent patients, is also requested.

It might be thought that if the Government and the municipalities gave more money that the people would give less, but the attitude of the wealthy person who is asked for financial aid for hospitals is often that the government taxes his estate through succession duties and should give more freely out of this to charities.

Changes in contributions proposed by the Association will entail some changes in procedure. It is only right that a generous municipality should be

protected when some other municipality neglects its duty, and therefore it is proposed that each public hospital shall have the right to collect from all municipalities an allowance toward the maintenance of indigents from such municipalities. This will help to relieve the hospitals in the larger centres from the cost of maintaining sick sent to them from other municipalities. This and other proposals will entail some change in the financial administration. It will be a good opportunity to make more equitable provision for middle-class patients who are not able to pay for private rooms and yet rightly resent being considered as indigents.

The Provincial Secretary assured the deputation that their request for increased grants would receive every consideration. "It is up to the Provincial Treasurer to advise us how much additional funds he can provide. I am not going to say what we are prepared to do until we get these figures, but if everything goes all right I feel justified in saying that we are going to do something for you," he stated, and went on to say that he considered that it was up to the municipalities to do their share which was at least equal to what the government should do. He said that the Government would do theirs but would not pay more than the municipalities.

Municipalities should be even more concerned than the Government in seeing that proper provision is made for the sick and for the victims of accidents, but it is very probable that many which boast that they are free from debt are not contributing their fair proportion of hospital expenses. The time has come when municipalities, generally, must contribute more for these purposes, and we believe that when the situation is fully explained they will not fail in their duty. The Government has intimated that it will pay equally with the municipalities, but not one cent more. The responsibility for proper hospital maintenance will therefore fall in the first place upon the municipalities.

School Instruction to be Provided in Infantile Paralysis Hospital

Instruction in public school subjects is to be given to the patients in the Government's hospital for infantile paralysis, which is to be opened in Edmonton, Alta., shortly. Arrangements are under way by the Department of Health to install a competent teacher who will be able to give instruction in all grades, and who will be otherwise fitted to deal with pupils under unusual conditions.

This plan of providing educational facilities has been approved by the medical experts, and co-operation is being given by the Department of Education. It is not anticipated that full school work can be done, but enough instruction will be undertaken to save the children the loss of all the time they must spend in the hospital, which may run in some cases as high as two years.

It is from the study of true theology that all our knowledge of science is derived, and it is from that knowledge that all the arts have originated.



The Brantford General Hospital



HAT is now the Brantford General Hospital originated in 1885, in a gift of buildings and seven acres of land to the city of Brantford for hospital purposes by the late John H. Stratford. This institution was to be known as the John H. Stratford Hospital.

In 1900 an addition to the original building was erected comprised of operating rooms, private and semi-private wards. In 1912 money was voted by the City of Brantford for further additions and at this time by a legislative enactment the name of the institution was changed to the Brantford General Hospital. The composition of the Board of Governors was laid down by statute which arranged for representation of the many public organizations interested in hospital affairs.

In 1915 two new wings were erected and opened providing four separate wards for the care of medical and surgical patients. The total bed capacity at this time was 150. In the same year a spacious new surgical operating suite was provided occupying an entire floor and cut off completely from the wards. The hospital was equipped with two elevators.

In 1920 another sum of money was voted by the municipality for the erection of still further additions. Two wards were provided; a private ward with fifteen private rooms and a children's department of thirty-four beds. The children's ward was planned to provide means for the most modern methods of care of the sick child; the ward was divided into cubicles by metal and plate glass partitions; a premature ward, special dressing and treatment room and a sun-room, etc., making this department very complete. Following the completion of these wards the obstetrical department was re-modelled and set aside as a separate unit providing capacity for twenty-

two mothers and their babes. A new well-equipped delivery room was installed, also a new nursery.

In 1913 a very fine nurses' residence was erected and furnished entirely by the efforts of the Women's Hospital Auxiliary. The building was planned to provide a separate bed-room for every nurse; the rapid development of the hospital, however, soon made this impossible and in 1922 a large addition was built, again, by the Women's Hospital Auxiliary. This provided a total capacity of sixty bed-rooms. In 1925 a separate building was equipped as a day dormitory for the night nurses. This was proved a most satisfactory arrangement.

The school for nurses has an enrolment of sixty students; adequate class rooms are provided in the nurses' residence. The students are eligible for registration in Ontario subject to the rules and regulations pertaining thereto.

During the past five years many small additions and alterations have been made, a great deal of new equipment purchased and many departments added or improved. The dietary department, refrigeration plant, laundry and power house are most modern as to arrangement and equipment. A spacious roof garden has been recently provided by the Rotarians of the city and county. A clinical laboratory has been installed and a full time technician is employed. A record department has been established with a full time historian in charge. The medical staff is well organized and holds regular monthly meetings where the professional work of the hospital is reviewed and discussed. The bed capacity is now two hundred. The hospital is an active member of the Ontario Hospital Association and the American Hospital Association and is proud to own the certificate of the American College of Surgeons as a fully approved standardized hospital.

Co-ordination and Amalgamation of Hospitals

It has been said in some cases when hospital amalgamation has been proposed that it has been prompted by personal aggrandizement. This is usually when a large organization seeks to assimilate a smaller one without much regard for the fundamentals of sound hospital administration. Community interests should be carefully considered in a scheme of this kind so that its merits can be tested. There are times when hospital amalgamation seems advisable just as there are occasions when it is not of benefit.

One thing which a community requires in its hospital is efficient medical service. This depends not only upon the character of the medical staff but upon the manner in which this staff is organized. The hospital administrator must try to make as much and as practicable use of such talent as is available for his purpose. This talent probably thrives best in a general hospital which is adequately equipped for the diagnosis and treatment of all varieties of acute diseases. The equipment of a hospital which provides for all of the recognized specialties, as well as for general surgery and internal medicine, must be sufficient to satisfy the needs of all the clinical groups included in the organization.

A conservation of time is accomplished by bringing the various departments into close relationship for the purpose of facilitating group practice. If the clinical units of a hospital are so separated as to make the consultations of its clinicians difficult, the medical efficiency of that hospital must be impaired.

For the Benefit of the Patient

Hospital services should be co-ordinated and its departments grouped together to enable the institution to give the patient its full benefit, therefore it seems that the amalgamation of general medicine and surgery with the clinical and laboratory specialties should, in most cases at least, prove of value to that portion of the community which requires hospital services.

As a rule, the union of smaller institutions that are lacking in essential departments is desirable, but there are cases when this does not seem to be a wise procedure. In "The Modern Hospital," Dr. S. S. Goldwater, Director of the Mount Sinai Hospital of New York, says in this connection: "There may exist in a community of moderate size two hospitals that are so distinct in origin, tradition, religious affiliation, type of service or community relations, that their enforced union would plunge the proposed amalgamated institution into difficulties which would more than offset the promise of enhanced medical efficiency or the prospect of reduced maintenance costs. Particularly if the community is a growing one, which in a reasonable period may be expected to develop and support two complete general hospitals, it may be wise to keep hands off and to allow existing institutions time to outgrow their defects.

"An equally strong reason against the consolidation of small hospitals which are defective in clinical

organization and which lack the most economical types of plant and equipment, exists where two or more such hospitals serve widely scattered communities, for it requires a certain concentration of population and considerable wealth to support a full-fledged general hospital. A rural community can no more support a large and perfect hospital than it can maintain a first-class opera house. The small town is obliged to content itself with the visiting opera company, while the still smaller village may be compelled to get its music by means of the radio or gramophone. Similarly, dwellers in sparsely settled regions must be content with the visiting consultant or specialist, or with the best imitation of their services that the local family doctor can offer. While the imitation may be fairly good, no one will deny the superiority of the genuine article, and if the nature and requirements of an efficient medical service are understood, small communities that are not too far apart will make every effort to pool their hospital resources.

"Rural hospitals which are unable to combine physically may nevertheless co-operate with each other in useful ways. Thus a single competent pathologist, whose exclusive service a small hospital cannot afford, may take charge of the laboratory work of several hospitals; or clinical material may be apportioned by agreement among several hospitals in such a way as to discourage undesirable duplication of plant and equipment. Affiliations may be formed in the interest of better nursing education; such affiliations, first undertaken voluntarily by groups of hospitals in many states, have been multiplied enormously in recent years by the compulsion of educational laws or regulations."

The trend, however, seems to be toward amalgamation in many instances and considerable success has been achieved along this line. It may be that when thoughtful administrators have weighed the advantages to be derived from the combined administration of hospitals that this amalgamation and co-ordination may be materially extended and the benefits to the patient may be increased thereby.

Another form of hospital amalgamation is that of public and private institutions. This is accepted in the United States and Canada, but England is still debating the subject. At any rate co-ordination and amalgamation certainly suggest reduced overhead, increased profits or lessened deficits and, perhaps, greatly increased benefits to the patient who, after all, is the one whose needs are most to be considered.

Testing Powerful X-Ray Machine

What is claimed as the largest and most powerful X-ray machine in the world has been undergoing a series of tests at the U.S. Bureau of Standards in Washington in the hope of discovering the most efficient use of the machine for medical purposes.

It is a 12½-kilowatt Coolidge water-cooled machine, energized by 300,000 volts and 50 milliamperes. The most powerful machine used until recently was only ¾ kilowatt. The new machine is so powerful that extensive tests were found necessary.



Portrait by Mitsu Studios

DR. G. HARVEY AGNEW
 Toronto
 Associate Secretary
 Canadian Medical Association

Dr. Samuels Compiling Cancer Statistics

Dr. Lester Samuels, well known surgeon of London, England, who has been in Toronto compiling statistics for the British Empire Cancer Research Fund, states that, in his opinion, educational measures with regard to the cancer evil should be undertaken in this country. He feels that Canada is marking time in not educating the lay public about the ordinary history and danger of cancer. He says England is already far ahead of this country in this respect and the United States is beginning to realize the importance of educating the laity.

"We are as far away from an actual cure as we ever were. However, we have a definite line of thought to proceed on and the near future may bring immensely valuable results."

According to Dr. Samuels, Canada has a fine reputation abroad in matters of cancer research, and he characterizes the University of Toronto as one of the finest research schools in the world.

Cancer was becoming more and more prevalent throughout the world, he declared. Southern Russia, Tibet and the United States were the three countries where it was most widespread.

One of the most startling discoveries made by cancer experts recently was that the disease was absolutely unknown among the Negro races in South Africa. Something about the mode of life of those people developed such resistance to the cancer germ that no case had ever made any progress.

It was believed generally that racial characteristics

and habits had a great deal to do with contracting cancer, Dr. Samuels asserted. While certain races were practically immune others were extremely subject. Canada was an ideal place for research along those lines, he believed. The varied racial groups small and compact, with which the country was filled, invited investigation.

Japan was ahead of any country in the world in matters pertaining to cancer research, he said.

Dr. Samuels is a member of the College of Surgeons of Edinburgh University and a gold medallist of that institution. He has held a number of administrative positions in large English hospitals and is the author of "Racial Epidemicology of Cancer" and "Unusual Cases of Surgical Practice."

Convention of Catholic Hospital Association to be Held in Cincinnati

The Thirteenth Annual Convention of the Catholic Hospital Association of the United States and Canada, and the Second Annual Hospital Clinical Congress of North America, is to be held in the Music Hall, Cincinnati, Ohio, June 18th to 22nd, 1928, inclusive.

This will be one of the most important hospital conventions of the year and probably the only one to be held in the central part of the United States. The Catholic Hospital Association represents 750 general and special hospitals in every part of the United States and Canada, with a total of over 85,000 beds.

The convention will combine under one roof, but in separate departments, three distinct operations—the Convention proper, the Hospital Clinical Congress and the Exhibits.

Since 75 per cent. of the Catholic hospitals and 78 per cent. of the Catholic hospital beds in the United States are located in the Mississippi Valley, the Central provinces of Canada and the North Atlantic States, Cincinnati has been chosen as the most suitable location for the convention.

The attendance at the Annual Convention of the Catholic Hospital Association has been steadily increasing, the last at Milwaukee, June, 1927, being by far the largest and most impressive in the history of the organization. The Cincinnati Convention of 1928 will possess all the professional attraction and interest of the new "Clinical Congress" plan, in much improved form, and it will probably be the only national convention of the hospital profession in 1928 so conveniently located for the vast majority, both of the hospital field and the commercial exhibitors.

A Correction

In a paragraph in our December issue regarding a report of the annual meeting of the Waterloo County Health Association, we incorrectly reported Dr. Coutts, Medical Superintendent of the Freeport Sanatorium, as stating that "an unprecedented number of recoveries have been effected during the past year." This, Dr. Coutts advises us, is not the case.

The Advantages of Nitrous Oxid-Oxygen in Oral Operations

B. H. HARMS, D. D. S.
Omaha, Nebraska

WHETHER nitrous oxid-oxygen is contra-indicated or indicated in any given case, depends upon the principles of administration and not at all upon the gases themselves. Its indications depend upon the ability and inclination of the operator and the condition and attitude of the patient.

A brief review of the indication for nitrous oxid-oxygen in general might not be out of place at this time before definitely stating the advantages of this wonderful anesthetic for oral operations.

Nitrous oxid-oxygen anesthesia is directly indicated in those conditions which are the gravest risks for operations.

In anemics it does not increase the blood dyscrasia and the vital oxygen need can be adequately met.

Blood pressure can be maintained in cardiacs and the operative procedure made a rest period instead of an exhausting ordeal.

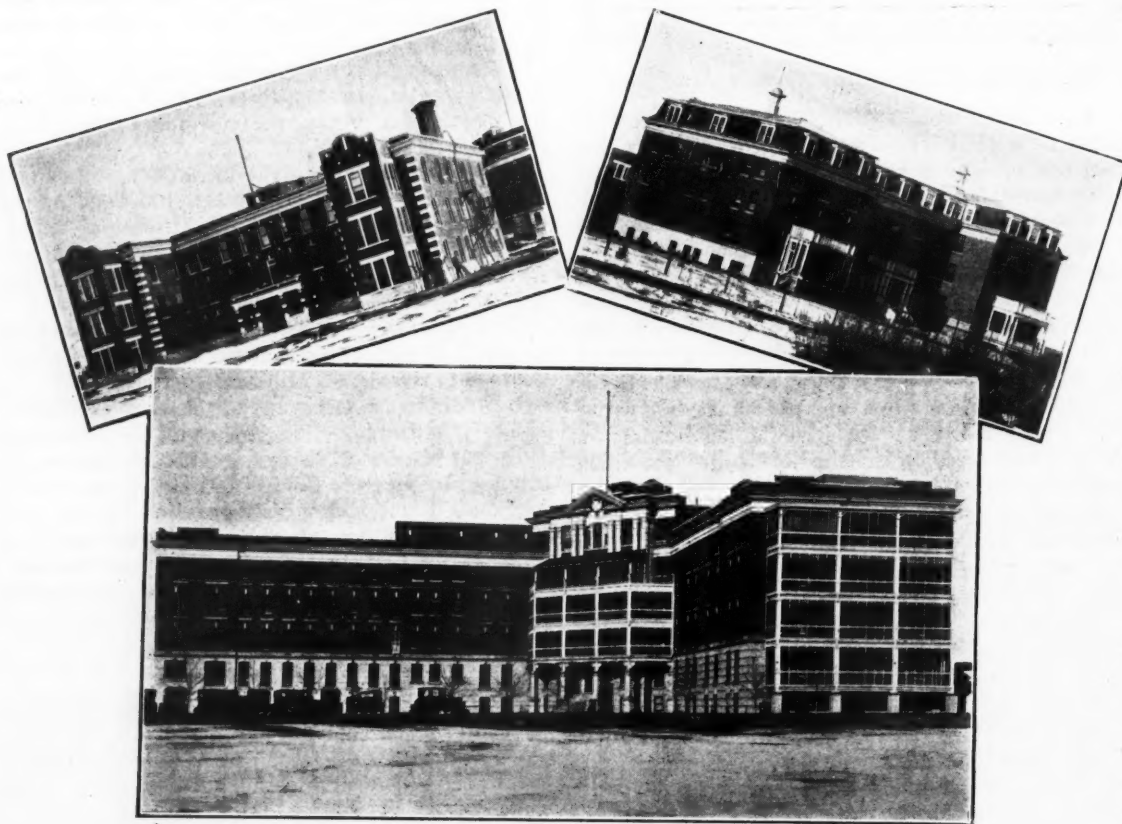
Toxemias are not exaggerated, because nitrous oxid-oxygen is a physical and not a lipoid-solvent anesthetic.

In diabetics, diet, insulin and nitrous oxid-oxygen are the essentials in preventing post operative coma. In these cases nitrous oxid-oxygen anesthesia is indicated because it does not increase the conversion of liver glycogen nor hamper the kidney's excretion of sugar, acetone or diacetic acid.

Nitrous oxid-oxygen is particularly indicated in the weak and the debilitated in the pulmonary, cardiac and nephritic complications; in the anemic from old age or recent hemorrhages in the inflammatory states and in old age.

With these few brief and, in a way, general remarks, I will proceed with the main subject of the paper by stating for you five outstanding advantages to the patient of using nitrous oxid-oxygen in oral operations and discussing each one briefly, assuming always that the proper principles of administration are understood by the operator and always carried out.

1. First nitrous oxid-oxygen is of particular advantage in those operations in the mouth which require the longest operative time and the most exacting



Royal Alexandra Hospital, Edmonton

Upper left—Isolation Unit

Upper right—Nurses' Residence

surgical technic, such as the removal of deep impacted teeth, the alveolectomies and the surgical removal of teeth, the removal of cysts and the operation on the maxillary sinus.

It seems to have been firmly instilled in the minds of ninety-nine per cent. or more of both medical and dental practitioners that nitrous oxid-oxygen anesthesia in oral work can and should be used only in the short operation, and that none of the finer surgical technic can be properly and successfully carried out. The dental or medical school that teaches this subject any differently, either by lectures or clinical demonstrations, is the exception rather than the rule.

The rule should rather be that, the longer the operation and the more exacting the surgical technic, the more the need of nitrous oxid-oxygen. The action of this anesthetic itself is definitely known and there is no other known anesthetic, either general or local, that so well (although not completely) protects the brain cells from shock and at the same time producing no tissue or chemical change in any organ or tissue cell. The greatest danger to the patient is the unknown ability or action of the operator or anesthetist.

In these lengthy operations the patient is always comfortable—there is none of the feeling of exhaustion that the patient gets after a twenty or thirty minute operation under the local anesthetic, even though the pain is not objectional, the retraction of the tissues of the cheek, lips and the body position maintained by the patient soon wears the patient out, and this is probably one of the greatest arguments, although seldom admitted, for the installment removal of teeth.

I believe (6) that the use of nitrous oxid-oxygen is safe, not in that it protects the nervous system from trauma, but that it does not per se exhaust the supra-renal glands and in that it removes the element of fright.

Fright is one of the greatest agents we have in epinephrin exhaustion. I believe that it is for this reason that depletion of the epinephrin content in the suprarenal glands occurs with local anesthesia, in spite of the fact that all patients operated on are handled as gently and diplomatically as possible. Most patients can go through local anesthesia operations without pain. They may smile, but it has been my observation that after operation the face changes. The changed appearance suggests shock. Further than this, I have seen shock follow operation with local anesthesia. This usually develops some time after operation, and, as Harris says, "the patient flattens out."

The blood and saliva in all of these operations are best taken care of by the use of packs or gauze sponges in the hands of the operator or his assistant. By such means all of this adverse co-operation as demonstrated in a conscious patient, is prevented.

2. Second, the sitting posture is natural, convenient and the safest position for these operations.

Any patient that for any reason has any difficulty

Read before the Otoe County Medical Society, Nebraska City, Nebraska, October 11, 1926.

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in breathing, will always assume the upright or sitting position. The position does not embarrass the heart action or the action of the muscles of respiration as the prone position so often does. Mortison (1) has shown that the blood pressure will rise to from 5 to 25 m.m. of mercury, by simply changing the patient from the upright to the prone position, which is a point to remember in those cases of hypertension and cardiac lesions.

For the past ten years I have done mouth operations in no other way, and with a record of 20,000 cases, I have yet to see any unfavorable conditions, either during or after the operation, that could be attributed to the upright position. To quote Roberts (2) who uses this position for tonsillectomy: "This position, in addition to the advantage of having the parts in the position, in which we are the most familiar with them, offers several other advantages."

(1) The ease with which the field of operation can be illuminated, either by an electric headlight, such as I use, or by natural or artificial light coming from behind and above the surgeon's head.

(2) The ready accessibility of the parts to be operated on.

(3) The freedom with which an assistant can hold instruments and can sponge the field of operation.

(4) The simple control of the hemorrhage at its source, and the prevention of the entrance of blood into the larynx.

(5) The thoroughness with which the operative

field can be examined for tonsil remnants (in this case tooth remnants), tissue shreds and bleeding points after enucleation.

(6) The ease of control of the patient's head by the anesthetist.

3. Third, nitrous oxid-oxygen does not, within normal anesthetic limits, abolish cough reflex, thereby preventing the inspiration of blood or infective excretion from the mouth or upper air passages, causing pulmonary abscess and gangrene.

There is no other anesthetic that does not abolish cough reflex on account of their greater power of relaxing muscular tissue, including the diaphragm and the intercostal muscles, which produce the act of coughing.

In these oral operations where the nasal inhaler is used and the throat is packed off, there is no way of knowing how much mucus is drifting down the back part of the throat from the upper air passages. The epiglottis has often been called the watch dog of the lungs and if the cough reflex is active, any material, whether it be mucus, blood, saliva or foreign substances, as teeth or particles of teeth, tissue, etc., will be expelled.

Inspiration of blood and secretion into the lungs is an immediate danger to the patient by asphyxiation, and a remote cause of pulmonary sepsis, and pneumonia. Various positions, such as hanging the head downward, placing the patient on the side and various aspirators and suction pumps have been devised, in attempts to exclude these secretions from

Continued on Page 25

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SUSHRUTA (circa 600 B. C.) the father of Indian surgery and author of the *Samhita*, divided surgical operations into eight classes: scarification, incision, excision, aspiration, probing, extraction of foreign bodies, extraction of fluids, and suturing. He recommended the use of sutures in wounds of the joints, and in closing abdominal incisions and open ulcers. The suture material consisted of cotton, strips of leather, fibre of the Ashmántaka tree, plaited horsehair, and animal sinews.

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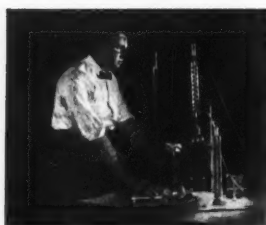


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| 390..WHITE SILKWORM GUT.. | 84..... | 00,0,1 |
| 400..BLACK SILKWORM GUT.. | 84..... | 00,0,1 |
| 450..WHITE TWISTED SILK.... | 60..... | 000 TO 3 |
| 460..BLACK TWISTED SILK.... | 60..... | 000,0,2 |
| 480..WHITE BRAIDED SILK.... | 60..... | 00,0,2,4 |
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| 812..10-DAY KALMERID " | 20..00,0,1,2,3 | |
| 822..20-DAY KALMERID " | 20..00,0,1,2,3 | |
| 862..HORSEHAIR..... | 56..... | 00 |
| 872..WHITE SILKWORM GUT... | 28..... | 0 |
| 882..WHITE TWISTED SILK..... | 20..... | 000,0,2 |
| 892..UMBILICAL TAPE..... | 24... 1/8-IN. WIDE | |

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|------------------------------|----------------|---------|
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| 914..10-DAY KALMERID " | 20..00,0,1,2,3 | |
| 924..20-DAY KALMERID " | 20..00,0,1,2,3 | |
| 964..HORSEHAIR..... | 56..... | 00 |
| 974..WHITE SILKWORM GUT... | 28..... | 0 |
| 984..WHITE TWISTED SILK..... | 20..... | 000,0,2 |

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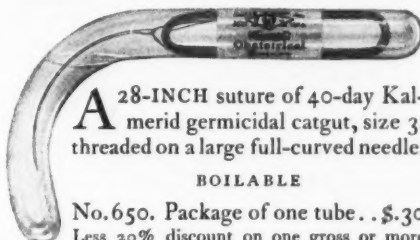
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| | |
|-----------|----------|
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| 00 _____ | 6 _____ |
| 0 _____ | 8 _____ |
| 1 _____ | 16 _____ |
| 2 _____ | 24 _____ |
| 3 _____ | |

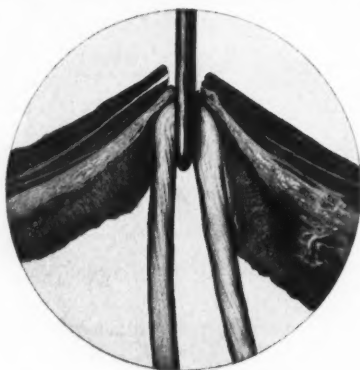
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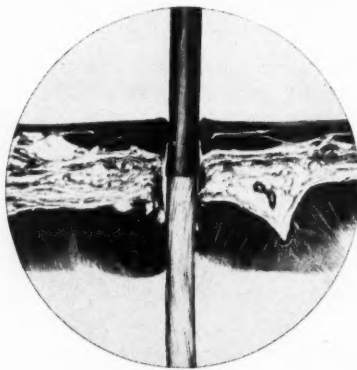
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Photomicrograph of ordinary intestinal needle penetrating the stomach wall. Note excessive trauma produced by the doubled catgut.



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The Advantages of Nitrous Oxid-Oxygen in Oral Operations

Continued from Page 20

the larynx, trachea and lungs, but with a proper throat pack to prevent the blood and saliva from entering from the mouth, the cough reflex can be depended upon, under proper nitrous oxid-oxygen anesthesia, to take care of the secretions from the upper air passages.

During the influenza epidemic of 1918 and 1919, when hospitals were postponing their operations, except their emergencies, and doing without ether, the work in my office was in no way handicapped, and except in one instance, where the patient proved to be a bleeder (hemophiliac) and unnecessarily exposed herself on a cold winter day, do I know of any post-operative pneumonias.

4. Fourth, nitrous oxid-oxygen does not interfere with the circulation and the oxygen tension of the parts, and secondarily does not cause edema, thereby increasing the susceptibility of the part to infection and auto-inoculation.

In a previous article (3) I have pointed out that—briefly, the result of my clinical experience has been, that when I used a local anesthetic for the removal of one or more infected teeth, the patient gets a more or less violent reaction or exacerbation of the existing infectious systemic symptoms, whereas, when using nitrous oxid-oxygen as the anesthetic, such reactions or exacerbations have been absent or slight, even though a larger number of teeth have

been removed, the technic of the operation in either instance being the same. On the one hand, auto-inoculation from the extraction of one diseased tooth under local analgesia has been violent enough to place a seemingly strong and robust patient in bed in the hospital, while, on the contrary, I have taken a bed-ridden patient out of bed in a hospital and under nitrous oxid-oxygen anesthesia, have removed all of the teeth—sometimes twenty or more—from the mouth, with a great amount of root-end and peridental pathology presenting, without any noticeable reaction or exacerbation. Having carried out this procedure in many patients, and having checked up results with hospital records of these cases, it

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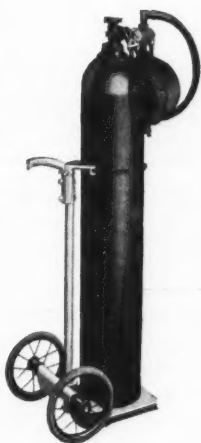
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certainly seems that the choice of anesthetics in the extraction of diseased teeth is entitled to more consideration than has been given in the past.

My clinical experience, along these lines, has led me to believe that the interference of the local anesthetics on the circulation of the blood, has more to do with the violent reaction or exavervation which follows the operation on infected areas, than any other factor. I do not believe that the small amount of local anesthetic used in these cases has enough toxicity to account for the striking results so routinely noted.

Members of the dental and medical profession have, for some years, been taught that when a large number of diseased or infected teeth were to be removed that it was, or is, dangerous to remove too many at one sitting; the theory being that too large a number of bacteria, or too great quantities of toxin are set free in the invaded individual and that they may too rapidly overwhelm the body defences.

In my clinical experience such untoward results have not occurred when the choice of the anesthesia has been given due consideration. An limperilling or disastrous result may, to a large extent, if not entirely, be prevented by the proper selection and use of the anesthetic.

Irons says that the resistance (4) of tissues themselves to the invading bacteria will also be a factor in determining whether the bacteria are quickly killed, or begin to grow. This bruised tissue, and tissue previously injured by disease, may be less resistant than normal tissues, and may, owing to interferences with the blood supply, offer conditions of oxygen tension different from normal tissue and thereby be a more favorable culture medium.

In using local anesthetics for an operation on infected tissue where the anesthetic, to a greater or lesser extent, interferes with the circulation to the part to be operated on, either by infiltration or nerve-block, the same conditions are produced artificially, as exist in bruised tissue, namely, interference with the circulation and oxygen tension, and thereby, lowered resistance of that tissue to invading bacteria.

Unless local anesthetics are most carefully used and trauma reduced to a minimum, there is much subsequent swelling of the injured part and great liability to infection. I do not know exactly, of course, why the infection occurs more easily in the injured tissues, but I am inclined personally to the view that, the lack of oxygen in the swollen tissue, aided, of course, by the good culture ground of blood and bruised tissue, tells the whole story. Nearly all of the organisms that produce these changes, are partial tension organisms, and to put them into a state of lowered oxygen tension, is to give them the advantage of development over that of the host.

The surgeon (5) to-day knows that the key to the defense against infection possessed by any part of the organism is, its blood supply; that abundant blood and normal blood augmented by physiologic rest supply the natural "asepsis."

This brings us to the fifth (5) advantage of nitrous oxid-oxygen in oral operations, the reason for which has already been explained, namely—any number of



Portrait by Wm. Nelman & Sons, Montreal

DR. H. L. REDDY
Medical Superintendent
Women's General Hospital, Montreal

infected teeth can be removed at one sitting without the violent reactions on infected areas with other types of anesthesia.

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Research Centre for Cincinnati

An institute of medical research, where the scientists of the country may gather to study diseases and combat them with the most modern equipment, is to be established at Christ Hospital, Cincinnati. The object of its founder, James N. Gamble, the "grand old man" of Cincinnati, who has given away millions of dollars in his ninety-one years of life, is to benefit suffering humanity in general and the people of this city in particular.

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Chinese Have Own Hospital in Montreal

Montreal's Chinatown is peculiarly situated. It lies right between the business section of the city and the residential quarters of Canadians who inhabit modern apartments and rooming houses. Through its narrow intersecting streets thunder heavy trucks and honking automobiles, while morning and evening the pavements are crowded with girls and young men on their way to and from business offices in St. James Street and the Place D'Armes.

Half a century ago the houses now occupied by Orientals were the residences of well-to-do citizens of Montreal, and traces of their tenancy still remain. Right in the centre, too, is the Grey Nuns' hostel for white girls, and yet one has only to step across the threshold of certain unostentatious buildings to find oneself plunged at once into the atmosphere of the east.

By far the most interesting feature of this little island of orientalism set in on the sea of occidental life is the hospital and school under the care of the Sisters of the Immaculate Conception. Across the front of a plain flat-fronted house opening right off the street is the legend, "Montreal Chinese Hospital," and at first one is inclined to think that if an entry is effected one is liable to be greeted with the strange odors and the weird atmosphere usually associated with anything Chinese.

But the door is opened by a smiling French sister in a white uniform, and with the one exception that every inscription and notice on the walls is in Chinese

characters there is little at first sight to distinguish the institution from any other small up-to-date hospital. It is only when one enters the wards and the dispensary that the fact becomes really plain that this is in all truth a Chinese hospital. It is equipped with all modern appurtenances of a well-run hospital, white enameled and white painted, but the patients are attended by slant-eyed infirmarians, their food is prepared for them by people of their own race, and only their friends and relatives visit them when they are sick.

The wards are all small—four to six beds in each and the total number of beds is twenty-five. All kinds of diseases are treated here, and there is an operating room in the building. At the present moment the doctors on the staff are all French-Canadians, the Chinese doctor having gone away to take a post-graduate course.

Although women and children are taken in as well as men, it is not often that they enter the wards, the Chinese women being attended in their own homes by doctors of their own race. But a large number of patients of both sexes and all ages come to the daily clinics, the number averaging from ten to fifteen each morning, a considerable percentage when one realizes that there are only 700 resident Chinese in the City of Montreal.

The query that naturally arises is, why should the Chinese alone, of all the various peoples who live in Montreal, require a hospital to themselves? And the answer is, that Chinamen do not willingly mix with the white race and prefer to be attended by their own people whenever possible, and further, that in the general hospitals they suffer greatly from the feeling that they are regarded as a race apart from the others. The little hospital in Montreal is therefore maintained entirely by the Chinese population, its management being in their hands, and the sisters looking after the patients.

Practically all the sisters speak the Chinese language, and are either being prepared for work in the missionary institutions in China and the Philippines or have returned from one of those fields. They state unanimously that they find their patients responsive, considerate and grateful.

Toronto Man Appointed to Editorial Cabinet of "Acta Dermato-Venereologica"

The cordial relations of the physicians of America, North and South, and their colleagues of the Old World have been further expressed by the appointment of American representatives to the editorial cabinet of the "Acta Dermato-Venereologica," published under the direction of Dr. Johan Almkvist of Stockholm, Sweden. The nominees are: Howard Morrow of San Francisco, Howard Fox of New York, J. B. Shelmire of Dallas, D. R. Smith of Toronto, Pardo Castello of Havana, and Herman Goodman of New York.

The "Acta Dermato-Venereologica" publishes original contributions in French, German, or English within the fields of dermatology, urology, and social hygiene, and items of interest of persons or progress in these specialties.

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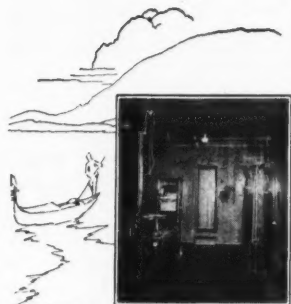


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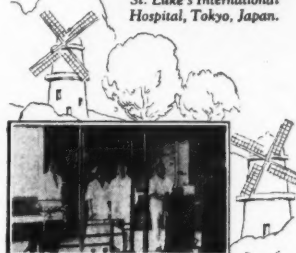
Montreal Toronto Corbyville Winnipeg Vancouver

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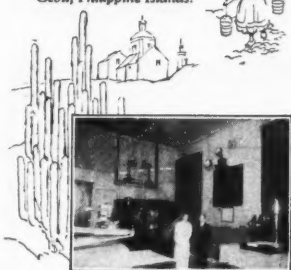
Why Do Many Leading Physicians and Hospitals in Foreign Countries Buy Victor X-Ray Equipment?



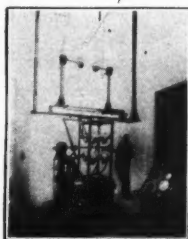
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Hospital Dos de Mayo,
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Dr. A. Mayoral Ponce,
Porto Rico.

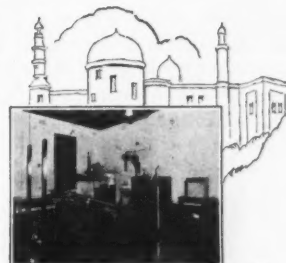
IN every civilized portion of this great, wide world, you are sure to find a group of men outstanding in their respective professions, because they are inspired in their aim to render fellow men a service eminently better than the generally accepted standard.

Where could such a high motive register greater benefits to humanity than through the physician in his community, clinic or hospital? The physician so inspired will invariably prove to be one who insists on having the best that science and research offer in drugs, instruments and equipment that comprise his armamentarium.

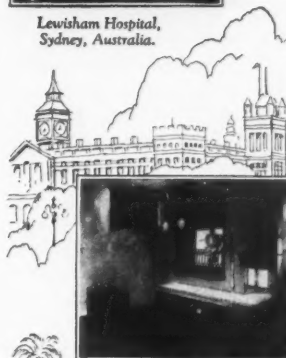
Why is Victor equipment found in use in all parts of the world, notwithstanding the fact that foreign manufactured equipment can be bought at prices considerably lower? The answer seems obvious enough. There is always a sufficient number of physicians and institutions who appreciate the advantages in having the best equipment available for their individual work, to justify the investment in a research and manufacturing organization that make possible this super-quality.

It is of more than passing interest to add that this class of business has made Victor X-Ray Corporation the largest organization in the world specializing in the manufacture of X-Ray and Physical Therapeutic apparatus.

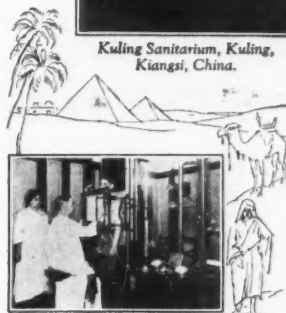
World-wide Victor Service is available through 48 service organizations established in 34 different countries, in addition to the 40 located in the principal cities of the United States and Canada.



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Please refer to *THE CANADIAN HOSPITAL* when writing.

New Homeopathic Hospital Opened at Montreal

High commendation for the work done by the Homeopathic Hospital of Montreal was expressed by the Hon. L. A. Taschereau, Premier of the Province of Quebec, in the address in which he formally opened the new hospital building on Marlowe Avenue, Notre Dame de Grace. This institution had a humble beginning in a private house on McGill College Avenue in 1894. This was made suitable for hospital purposes through the generosity of Mrs. G. D. Phillips who, though now ninety-one years of age, still takes an active interest in the institution.

This building at that time housed the first homeopathic hospital in the province and a new wing was added in 1896. Three years later the property adjoining was presented to the hospital by Miss Annie Moody, who made herself responsible for the rent of these premises.

The new building which was erected and equipped at a cost of about \$550,000 has accommodation for 104 beds, but the board of management hope to increase this to 150 as soon as they have the funds necessary to build a home to accommodate a staff of nurses large enough to care for so many patients.

Mr. Westgate, President of the hospital, says that while this institution is a homeopathic hospital, it is a general hospital to which any reputable doctor can send his patients and have his commands carried out in the same manner as a doctor who is a member of the permanent staff.

"Over twenty-five per cent. of the cases have been

of a charitable nature, and our outdoor department has treated approximately 50,000 patients free. It is a non-sectarian hospital built to serve any human individual regardless of race or creed." He concluded.

The Phillips' Training School for Nurses which has been connected with the hospital since its inception has graduated 130 nurses from its classes. The capacity of this training school has now been increased from twenty-five to fifty.

Comparative Statistics of Ontario Hospitals

The following is a partial list of Ontario Hospital statistics taken from the Blue Book on Hospitals, published by the Ontario Government in 1927, for the year ending in December, 1926:

| | Cost per day for Maintenance | Number of Beds | Births | Number Treated 1926 | Grants from Municipalities | Grant from Government |
|---------------|------------------------------|----------------|--------|---------------------|----------------------------|-----------------------|
| Chatham.... | 3.56 | 90 | 137 | 1525 | \$1,200 †\$2,500 | \$3,600 |
| Galt..... | 3.22 | 80 | 137 | 1363 | 9,575 | 3,275 |
| Kitchener... | 4.43 | 96 | 102 | 1412 | 23,287 | 3,319 |
| London..... | 4.20 | 400 | 292 | 4694 | 147,652 | 16,408 |
| Peterborough | 3.41 | 90 | 227 | 1693 | 15,000 | 3,456 |
| St. Thomas... | 4.11 | 100 | 202 | 1636 | 12,000 | 5,728 |
| Sarnia..... | 3.60 | 70 | 131 | 1107 | 9,930 | 1,800 |
| Stratford.... | 4.01 | 125 | 156 | 1233 | 15,751 | 2,818 |
| Guelph..... | 3.65 | 150 | 127 | 1706 | 11,577 | 5,463 |

*County †City

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A. LORNE C. GILDAY, M.D.
Superintendent Western Division
The Montreal General Hospital

Dr. Birkett Recipient of Special Honour

The American Academy of Ophthalmology and Oto-Laryngology has presented its first medal in the thirty-three years of its existence to Brig.-General H. S. Birkett, C.B., M.D., L.L.D., of Montreal. The medal is of artistic design in gold and has a diameter of about six inches.

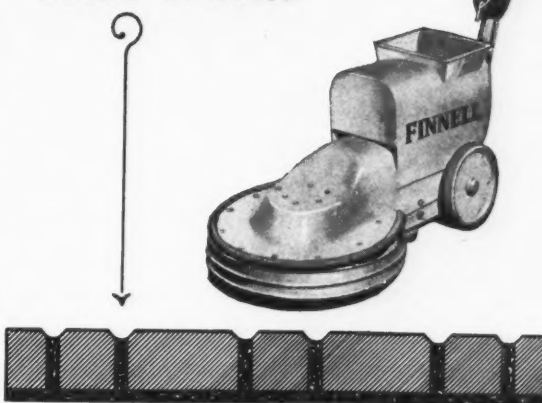
The academy has the largest membership of its kind in the world, there being about 1,700 members in all, consisting of experts of the eye, nose and throat, and including a number of leaders of medicine in Canada. The organization meets once a year, selecting a city of the United States or Canada. Montreal was honoured in this way three years ago.

It has been the custom of the academy to invite each year the most distinguished foreigner in the medical branches mentioned, whether from Germany, Britain, France or Italy, to attend the convention. Last year the council of the academy were considering the names of distinguished German, British, French and Italian doctors but decided there was no occasion to go beyond this continent, and the invitation went to Dr. Birkett.

The presentation of the medal was made by Dr. Ross Hall Skillern of Philadelphia, president last year of the academy, and Dr. Wm. P. Wherry of Omaha, Neb., secretary.

TORONTO, ONT.—The Toronto General Hospital have purchased the property at the southwest corner of Chestnut and Christopher Streets for \$18,000.

How do You Clean *these cracks*



Cross section of operating room floor

IN EVERY hospital there are places where a tile floor is considered indispensable for sanitary reasons. For example—the operating room. But the spaces between sections of tile are dangerous collectors of dirt, blood, contamination of all kinds. If dirt is not removed from the cracks and crevices in a tile floor, how sanitary is it?

The one sure way to scour a tile floor clean every time—is with a FINNELL Electric Floor Machine. Hand scrubbing or mopping will not dig down into the hard-to-reach crevices. But the FINNELL, with a set of stiff brushes, rotating 230 times a minute, will rout out every bit of dirt.

The FINNELL does double duty in hospitals. It is just as efficient as a waxer and polisher as it is a scrubber. Linoleum Floors, Mastic Floors, Rubber Floors, all now very popular in hospital corridors, wards, etc., are specially benefited by this treatment. Wax is a preservative. It will add many years to the life of your linoleum, and the cost of FINNELL waxing is half that of maintenance with hand methods.

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Careful Marketing is the First Step in Menu Planning

By M. FAITH McAULEY

Assistant Professor, Institution Economics, University of Chicago.

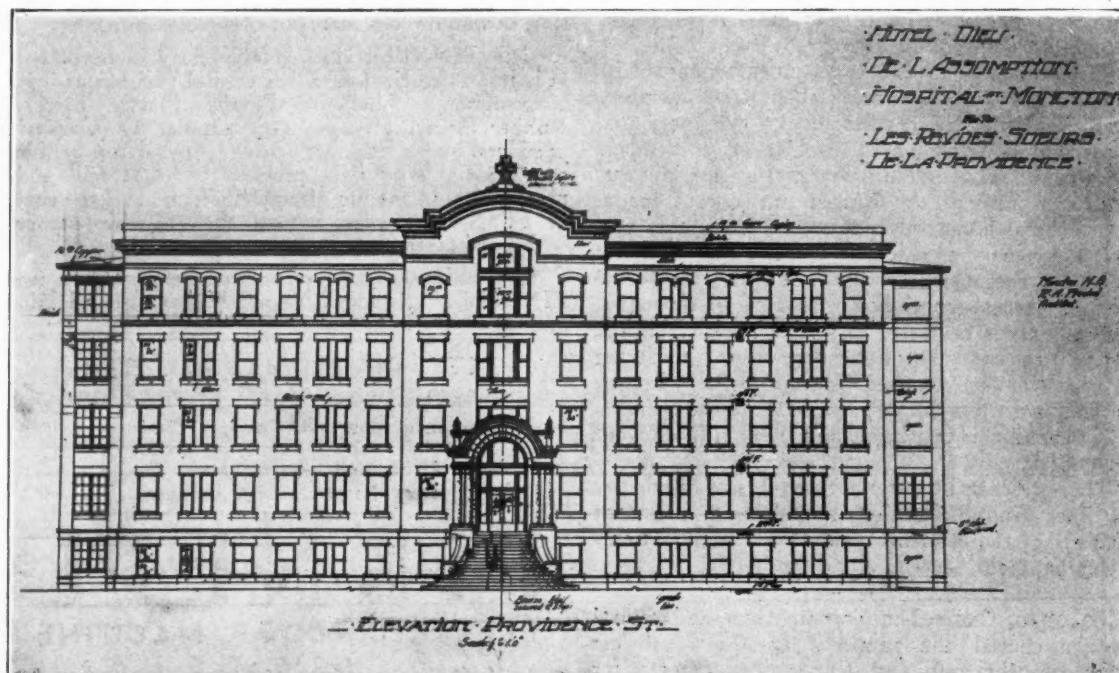
Marketing and menu-planning are closely and vitally related. Food administration eventuating in a satisfying adequate diet, begins with food purchase. It is impossible to serve a balanced ration if the necessary materials are not available. While availability of the necessary materials does not insure the service of an adequate diet, since preparation and service may make ineffective the most careful buying, still it is the first step.

The purchase of raw materials for the institution kitchen is more difficult than for any other manufacturing plant. Food materials are many, various, and difficult to standardize. The food buyer needs for a background as intimate a knowledge as possible of production, whether apples, tomatoes, or rib of beef be the subject of immediate concern. Information concerning methods of distributing, whether of strawberries in January, or spinach in June, is also vital. A knowledge of the food product itself is necessary. Price is not an adequate basis on which to determine purchase of good materials. The factors which determine the price difference, and their effect on the quality and the suitability of a given article for a given purpose, are especially significant. To buy an apple for salad or baking purposes requires a knowledge of varieties, with their characteristic qualities, and of season. Quality and price in the manufactured article, as for example in a product like macaroni, are determined by the process of

manufacture and by the quality of the raw material since these determine the quality of the finished product. Intimate knowledge of food stuffs is essential for both buying and successful meal planning.

In the purchase of food materials three groups or classes of food are represented: the so-called standard groceries, such as canned goods, sugar, condiments; the semi-perishables, such as flour, oils, fats, cheese, coffee; and the perishables, consisting of fresh fruit, fresh vegetables, meat, fish, milk, eggs. There are many buying problems tied up with each class, but the perishables present the most difficulty. The standard groceries and semi-perishable stock are bought in large quantities and at infrequent intervals and hence require the attention of the buyer only a few times each year.

In the standard class, where the product undergoes elaboration or a manufacturing process, wholesomeness is very important, and in the special care of the Federal Government and of the Food Departments of the states. Food laws have materially reduced the problem of unwholesomeness. Canned products in the main are little open to criticism. Chemical and bacteriological analysis by State and Federal agencies, and commercial competition, are generally effective in giving us wholesome products. In our evaporated fruits too heavy chemical treatment is still practiced and is objectionable, but here the dehydrated product



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of Modern Hospitals

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News of Hospitals and Staffs

A Condensed Monthly Summary of Hospital Activities, Building and Extension Plans and Personal News of Hospital Workers.

Editor's Note: Contributions of items for publication in this department will be gladly received. Please address, The Canadian Hospital, 454 King Street West, Toronto.

FREDERICTON, N.B.—Miss Jessie Norton, R.N., has recently resigned her position as operating room supervisor of the Victoria Hospital.

FREDERICTON, N.B.—J. A. Reid has been elected president of the board of directors of the Victoria Public Hospital here.

CHARLOTTETOWN, P.E.I.—Dr. V. L. Goodwill has resigned his position as Medical Superintendent of the Falconwood Mental Hospital and his successor is Dr. W. J. MacIntosh.

ST. THOMAS, ONT.—At the inaugural meeting of the Memorial Hospital Trust, W. R. Coulter was the unanimous choice of the board of governors as chairman for the coming year, succeeding E. A. Horton.

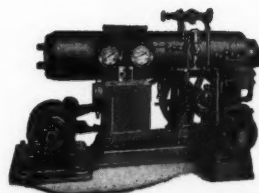
KINGSTON, ONT.—The reconstructed wing of the new nurses' home is practically finished. This wing will constitute the children's hospital and is spacious and well arranged for the little folk. The nurses' home is also nearly completed.

ST. JOHN, N.B.—After more than thirty years of faithful service as matron, superintendent and latterly again as matron, Miss E. J. Mitchell has resigned from the staff of the General Public Hospital. During the years of Miss Mitchell's stay at the hospital the staff of nurses increased from twelve to sixty-nine.

VANCOUVER, B.C.—The new Home for Crippled Children was opened in January and will satisfy a long-felt need. Big verandahs on both floors will provide sleeping accommodation during pleasant weather and one special feature is a white enamelled room fitted up with Alpine therapy lamps. Miss Hattie Innes has been chosen as matron in charge of the new hospital.

WHITBY, ONT.—An exchange of farm superintendents has been effected between the Ontario Hospital Farm at Whitby and the Ontario Hospital at Woodstock. Mr. C. H. Wilson who has been the farmer at Whitby for the last six years is to be transferred to Woodstock, and Mr. J. Stewart McCurdy who has been in charge of the farming operations at Woodstock for the past twenty-two years is to assume the duties at Whitby.

TORONTO, ONT.—Congratulations from all parts of Canada are being received by Dr. R. Hunter Robinson who celebrated his eighty-first birthday on January 15. Dr. Robinson has been in medical practice for fifty-nine years and became the first house surgeon of the Toronto General Hospital in 1873. He is the oldest house surgeon of the General Hospital and probably the oldest house surgeon in Canada.



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ICE MACHINES**

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Let us send you the names of those nearest you.

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SYDNEY, N.S.—The nurses' home of the Ross Hospital of Sydney is to be remodeled at an estimated cost of \$9,000.

* * *

LONDON, ONT.—St. Joseph's Hospital has just opened a completely furnished clinical laboratory, with Dr. F. W. Luney as chief pathologist. Dr. Luney has been associated with the Institute of Public Health in London for the past ten years.

* * *

MONTREAL, QUE.—At the annual meeting of the Montreal Graduate Nurses' Association, Miss L. Phillips, who has been president of the association for the last eighteen years, resigned her position and was nominated as honorary president. Miss Caroline Barrett was elected to the presidency by acclamation.

* * *

HAMILTON, ONT.—In the fall of 1927, the Hamilton General Hospital purchased a supply of radium. Since that time fees to the amount of \$700 have been collected from private and semi-private patients which practically takes care of the original cost of the radium.

* * *

TORONTO, ONT.—Miss Louise Mason, first woman registrar of the Ontario College of Art, Toronto, who resigned from the staff of the college a short time ago, has been appointed a director of occupational therapy at the Westminster Hospital, for returned soldiers in London, Ont.

* * *

VICTORIA B.C.—After being delayed last year, construction of the new \$2,000,000 unit at Essondale mental home will proceed this year according to a statement issued by the public works department. The new building is very much needed as the number of patients is increasing rapidly.

* * *

RENFREW, ONT.—The resignation of Mr. W. T. Guest, chairman of the Renfrew Hospital Board, has been accepted. Mr. Guest has been a member of the Board for a number of years and chairman for the past two and his services, especially following the fire, have been much appreciated.

* * *

KINGSTON, ONT.—Many improvements have been made to the Hotel Dieu Hospital at Kingston and the hospital is prepared for 1928 with much greater facilities for the relief of the suffering. Among the improvements is the construction of a solarium with access from the wards built on the first, second and third floors of the building.

* * *

MONTREAL, QUE.—Plans for a campaign for funds for the construction of a hospital in Verdun at a cost of \$500,000 are to be launched by a committee headed by Mgr. J. A. Richard, curé of the Parish of Notre Dame des Sept Douleurs. Protestant as well as Catholic patients will be cared for, and it will be under the supervision of the Sisters of Providence. It is understood that the Provincial Government and the City of Verdun will contribute either to the construction or the maintenance of the new hospital.



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Bellevue Rolls**

Superior Quality

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LIMITED
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Saskatoon Hospital Addition to be Opened in February

Work has progressed so rapidly on the new hospital addition at Saskatoon, Sask., that it is expected that it will be ready for occupancy by February first. The new wing is so planned as to have an abundance of light and the corridors are wide and spacious. In the corridors are fireproof doors which automatically close when a set temperature is reached. All the doors of the building are of steel and are hinged in such a way as to do away with all disturbing creaks and bangs which might disturb the patient.

As far as possible, it is intended to give the hospital the "home atmosphere," and much thought has been given to the comfort of the patients and their friends. One of the ways in which this is done is by providing a separate room, where the man or woman whose life is ebbing away may be removed from the public wards so that as little of the institutional touch as is compatible with good treatment may be encountered.

The light signal system has been introduced in the new addition, and wide doorways provide plenty of space through which to wheel the beds. The sun porches, of which there are three, are among the very best of the new features of the hospital. They are built in, heated and face the south.

The introduction of the two-way heating system will also lessen the disturbances to which patients in a condition of high sensitiveness are often subjected. There will be none of the hissing and rumbling that ordinary heating systems are apt to make.

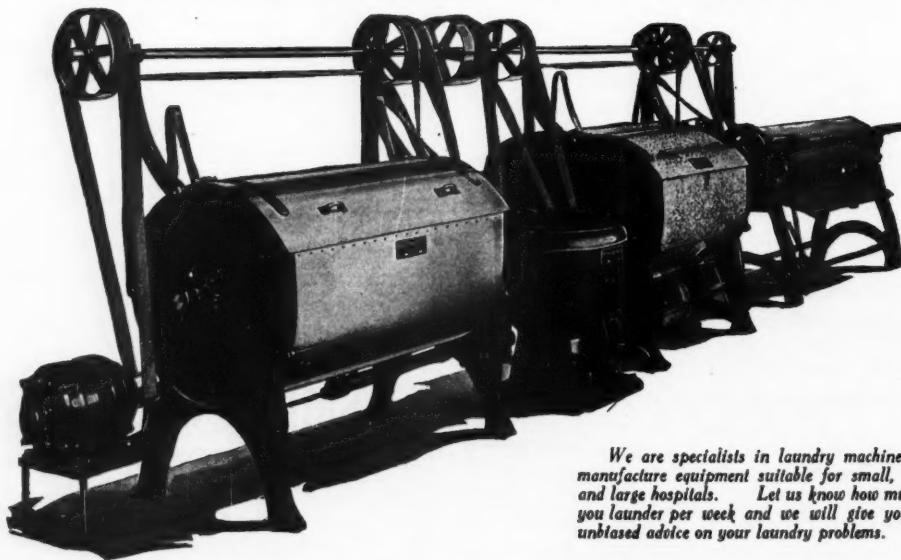
There are private, semi-private and five-ward rooms in the building and, in addition, at the end of each floor there are a couple of private rooms where two patients will have toilet facilities to themselves.

On the second floor there are rooms for the doctors, a service room where the nurses may keep their dressings and so on, and a service room where all utensils will be thoroughly sterilized. Diet kitchens on each floor will be fitted with Frigidaires, steam tables, electric toasters and hot plates, water urns, and generally all the latest equipment that makes for expeditious and efficient food preparation. The main kitchen is on the main floor. It is a large place, and annexed to it are special rooms for preparing vegetables for the pot, for the refrigerated storage of eatables, etc.

The maternity ward is provided with numerous rooms for special purposes connected with the hygienic handling of this class of cases. So far as the handling of maternity cases is concerned, care has been taken to supply special rooms so that, when thought advisable, babies may be looked after away from their mothers.

Two big operating rooms are on the top floor, where the children's ward is also situated, and there is also a room for emergency cases and one for special eye, ear, and throat operations. When a patient is brought up for an operation he or she will be placed in the elevator and raised directly to the theatre without having to be taken over any circuitous route. Ambulance cases will have no steps to negotiate, but will be taken straight into the elevator from outside.

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The X-ray dispensaries, laboratories, electrical treatment, and massage rooms are on the ground floor, and here also are the nurses' dining room and the main kitchen. Adjacent to the X-ray department is a room to which fracture cases may be directly wheeled to have their bones set.

In this age of diets and dieting a special dietitian's kitchen has not been forgotten on the bottom floor, and it, too, will be fitted up with all the latest equipment.

Careful Marketing is the First Step in Menu Planning

Continued from Page 32

carrying lower water content and hence minimizing the chemical treatment required, promises much for a more wholesome product. More information gathered from long-duration feeding experiments is needed in many important products, such as leavening agents and bleached flour.

The perishables need constant and intelligent attention and daily shopping is necessary. The perishable products also require close supervision after purchase, both in store room and in kitchen, as the possibility of the largest waste is found here. In the perishable class, wholesomeness, or its lack, is not a problem. The perishables, appetizing, palatable, attractive in form and colour, are the materials on which the menu-maker depends for rounding out the diet and above all rendering it satisfying—that elusive quality in food hardest to attain. Colour, odour, flavour, for these we go to fruits and vegetables. The colour of the peach, the beet, the carrot, the flavour of the mushroom, of celeriac, garlic, salsify, the odour of the cucumber all help the food director in supplying adequate and satisfying meals. The aesthetic quality of food—colour, odour, flavour—is contributed chiefly by the perishable fruits and vegetables. Their skillful use banishes monotony and is largely responsible for appetite and for enjoyment of food, factors now known to have an important bearing on digestion. In this connection attention may well be called to the food resources still commonly unused in avoiding monotony in diet. While the markets of our large cities and the smaller outlying ones supplied from the larger centres, show a list of about fifty vegetables, for example, in their offerings for the year, not more than thirty are commonly used. Several class surveys conducted at Chicago show in the "Known but not used" group such vegetables as artichoke, beet greens, celeriac, savoy, cabbage, chard, collard, cress, egg plant, garlic, kale, kohlrabi, leek, okra, paitai, parsley root, romaine lettuce, rutabaga, salsify. A survey, too, of such food products as cheese or tea discloses further resources generally unknown and unused.

The major considerations in menu-making are dietary balance, cost, and satisfaction. The menu-maker's chief and constant problem is to so plan as to offer a ration dietetically adequate; dietary balance is first of all sought. Cost is also a limiting factor

Continued on Page 39

Please refer to THE CANADIAN HOSPITAL when writing



The Nurses and Doctors

**—Keep their coats,
caps, gowns and
uniforms spick
and span as new**

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Height 52 inches.

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Manufacturers of Hospital Equipment

GRIMSBY

ONTARIO

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Continued from Page 37

and what may be called a cost balance must be maintained. The budget for the meal and the day must be carefully adhered to, and presents a problem for the exercise of skilled judgment. Satisfaction of the guest must also be secured, a factor no less vital than that the ration should be adequate and meet the limits set by budget requirements. Satisfying food must be appetizing, attractive, palatable, and real skill is required in its production. The contented guest for whom a diet showing no food deficiencies must be provided is the special concern of the dietitian. The individual in the institution group is likely to be dissatisfied with the diet offered in degree as his individual preferences are disregarded. Racial and religious food customs also complicate a problem already sufficiently difficult.

From a paper read before the American Dietetic Association, Oct. 18, 1927.

Many Innovations in New St. Mary's Hospital, Ottawa

The new St. Mary's Hospital, Cambridge Street, Ottawa, which has just been completed at a cost of \$270,000, has been opened. The hospital is in charge of Rev. Mother St. Hilaire, of the Sisters of the Misericorde. The former St. Mary's Hospital will be used as a nurses' home.

In all details it is completely equipped and it possesses many new features in hospital construction. It is absolutely fireproof, has accommodation for 100 beds. In construction it is of the most advanced type of hospital design.

Of reinforced concrete construction, it is finished outside in limestone. In the entire building only the doors and the window frames are of wood. The floors are of terrazo throughout, the operating and other rooms being finished in vitrified tile.

Four storeys in height, it is laid out in a "T" shape, the wings running north and south from the main corridor and parallel to Cambridge Street. The main entrance is on Cambridge Street.

To many, one of the interesting features of a hospital is its equipment for surgical cases and in this respect St. Mary's easily holds front rank. Four completely equipped operating rooms, three for surgical cases and one for maternity cases, are provided.

The hospital is excellently equipped with X-ray apparatus, a chemical laboratory, pharmacy and everything necessary for a thoroughly modern institution. A special department is devoted to orthopedic work.

The height of each room is thirteen feet, which permits ample air space. There are no wards, each room being a private one and they are of good size. The sunrooms are equipped with special windows, which, when opened, permit an unobstructed view. The situation atop a cliff makes the sunrooms a special feature.

The ground floor is made up of an office, reception room, nurses' dining room, kitchens, distributing room for food, and living quarters for the sisters. The first and second floors are bedrooms and the fourth floor contains the operating rooms and other departments.

Some innovations in hospital construction were

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QUIET PLEASE

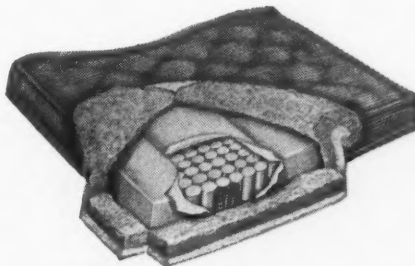
REST—How Necessary for the Convalescing Patient!

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The hospital buyer who appreciates the advantages as well as the economies of using only the highest grades of mattresses is building on a foundation of service to the community.

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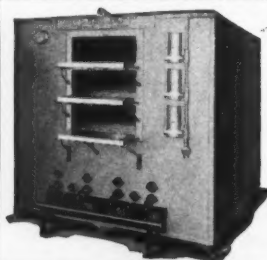
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News of Hospitals and Staffs

REVELSTOKE, B.C.—Miss Blanche Wells has resigned the position of matron of the Queen Victoria Hospital which she has held for the past five years. She is succeeded by Miss A. F. Mitchell, of Winnipeg.

* * *

TIMMINS, ONT.—One of the largest items in the building programme of Timmins for the past year is that of \$125,000 which is the estimated cost of the fine addition to the St. Mary's Hospital.

* * *

ST. JOHN, N.B.—The resignation of Dr. G. A. B. Addy as senior surgeon of the staff of the General Public Hospital has been regretfully accepted. Succeeding him in this capacity is Dr. L. M. Curren.

* * *

NELSON, B.C.—The new nurses' home in connection with the Kootenay Lake General Hospital is ready for occupancy. The home consists of twenty-one bedrooms, two sitting rooms, a sewing room, kitchenette, pantries and linen cupboards.

* * *

ROSTHERN, SASK.—The St. John's Hospital of Rosthern, conducted by the Sisters of Nicolet, has been officially opened and patients are being received. The present building is a temporary structure, although it is well equipped and extensively furnished.

* * *

MONCTON, N.B.—It is expected that the new addition to the Jordan Memorial Sanatorium will be ready for occupancy some time in January. As there are a considerable number of applications for admission to the sanatorium, it is thought that the new building will be filled very soon after it is opened.

* * *

YORKTON, SASK.—Nurse Myles, who graduated from the Victoria Hospital here some years ago, has been appointed matron of this hospital. Mrs. Myles has also just graduated this year from the Royal Infirmary at Edinburgh at the head of a class of four hundred nurses.

* * *

OTTAWA, ONT.—The staff of the Civic Hospital for the year 1928 has been appointed and the policy of rotation agreed upon by the trustees in making appointments has been adhered to. This means that doctors serving last year on various staffs, such as out-patients, attending and consulting, are promoted wherever possible. Several new appointments have also been made.

* * *

LONDON, ONT.—A contract for two additional wings to the nurses' home at Victoria Hospital, London, has been let and work will be commenced immediately. This has been made possible by the generous gift of \$65,000 by Col. William M. Gartshore who has already spent approximately \$70,000 on improvements at this hospital during the past year. It is expected that eighty-eight nurses will be accommodated in the new additions, which will be three storeys in height, built of red brick with Georgia pine trimming. The floors will be of concrete covered with linoleum.

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A New Development in Advertising

The manufacturers and wholesalers of Ontario will be interested to know that a corporation has been formed in Toronto for the straight compiling of catalogues.



Mr. W. M. CLARK

Mr. W. M. Clark, who for the past four years has been advertising manager for Cassidy's, Limited, Toronto, Montreal, Winnipeg, Vancouver and St. John, and previous to that for a number of years with Nerlich & Company, Toronto, and Marshall Fields of Chicago, will be president of this new organization. He has surrounded himself with a competent staff of copy-writers, layout men, printing, and engraving experts, all known specialists in their particular field.

We are informed on authority that this is the only organization of its kind at present in the Dominion of Canada. The venture will be known as the Canadian Catalogue Compilers Corporation with spacious offices comprising Suite J in the Yonge Street Arcade, Toronto.

Claim Common Mosquito of the North Does Not Transmit Malaria

Although certain types of mosquito are being used for the transmission of malaria to mental patients in the treatment of paralysis, it is fortunate that the mosquito which exists in our northern climes is not the type which acts as host for malarial organisms. Our mosquito is of the Culex group and is not able to transmit this disease so we are in no danger from this source.

The question has been asked that, if the transmission of this disease requires the presence of malaria in active form, and of the mosquito which transmits it, would not other patients be endangered? A writer in "The Modern Hospital" in reply says that there are several varieties of the Anopheles group which may, and do, act as hosts for malarial organisms and the existence of malaria whether artificially or naturally produced in a locality where the Anopheles mosquito abounds, would of course endanger other patients. It is suggested that such precautions as screening, spraying and drainage should be taken to destroy these insects.

It is interesting to note that with the exception of

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PURE FRENCH OLIVE OIL

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one type of the Anopheles group, these insects can be rather easily detected by the attitude they assume when alighting on walls, tables or other room objects. The body of the Culex mosquito lies parallel with the surface on which it rests, while that of the Anopheles mosquito assumes more the position of standing on its head.

This query regarding the danger to other patients from the presence of this insect comes from an institution where paresis is now being treated in this novel manner.



Quality Hospital Apparel

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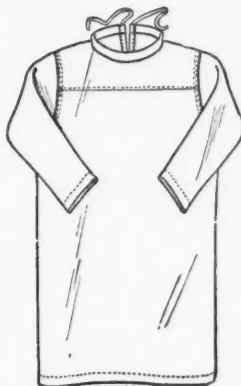
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HOUSE DOCTOR'S COAT

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Prices:

Coat\$28.00 doz.
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Made of good quality bleached duck, plain white or striped, medium high collar, three pockets, five detachable buttons, neat pointed cuff on sleeve.

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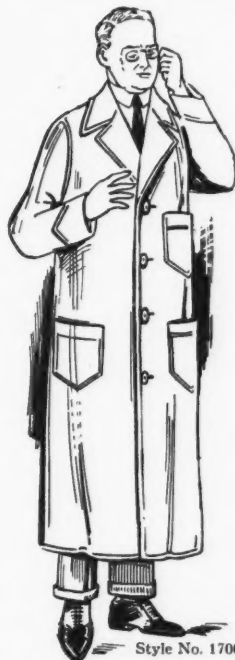
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